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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/532,133	04/20/2005	Shuhei Yamamoto	1163-0531PUS1	5813
2292 7590 04/23/2008 BIRCH STEWART KOLASCH & BIRCH PO BOX 747 FALLS CHURCH, VA 22040-0747			EXAMINER	
			FORDE, DELMA ROSA	
FALLS CHURC	сп, VA 22040-0747		ART UNIT	PAPER NUMBER
			2828	
			NOTIFICATION DATE	DELIVERY MODE
			04/23/2008	ELECTRONIC

## Please find below and/or attached an Office communication concerning this application or proceeding.

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Intonsions Community	10/532,133 YAMAMOTO ET AL.		AL.
Interview Summary	Examiner	Art Unit	
	Delma R. Fordé	2828	
All participants (applicant, applicant's representative, PTO	personnel):		
(1) <u>Delma R. Fordé</u> .	(3)		
(2) <u>Michael K. Mutter</u> .	(4)		
Date of Interview: <u>11 April 2008</u> .			
Type: a)⊠ Telephonic b)⊡ Video Conference c)⊡ Personal [copy given to: 1)⊡ applicant 2	2)⊠ applicant's representative	e]	
Exhibit shown or demonstration conducted: d) Yes If Yes, brief description: <u>N/A</u> .	e)⊠ No.		
Claim(s) discussed: <u>1-7</u> .			
Identification of prior art discussed: <u>N/A</u> .			
Agreement with respect to the claims f) was reached. g	)∏ was not reached. h)⊠ N	I/A.	
Substance of Interview including description of the general reached, or any other comments: <u>Mr. Mutter confirmed 04/the 09/26/2007 office action.</u>			
(A fuller description, if necessary, and a copy of the amend allowable, if available, must be attached. Also, where no callowable is available, a summary thereof must be attached	opy of the amendments that w		
THE FORMAL WRITTEN REPLY TO THE LAST OFFICE A INTERVIEW. (See MPEP Section 713.04). If a reply to the GIVEN A NON-EXTENDABLE PERIOD OF THE LONGER INTERVIEW DATE, OR THE MAILING DATE OF THIS INT FILE A STATEMENT OF THE SUBSTANCE OF THE INTERPOLITIES ON REVERSE SIDE OF ON Attached sheet.	last Office action has already OF ONE MONTH OR THIRTY ERVIEW SUMMARY FORM, '	been filed, APP OAYS FROM T WHICHEVER IS	LICANT IS THIS LATER, TO
Examiner Note: You must sign this form unless it is an	Examiner's signature, if requi	red	

Application No.

Applicant(s)